

THE DUNHAM NEWSLETTER

DUSAHC

1st Quarter

FY 2011

Winter Issue

COMMANDER'S NOTE

By: COL Kenneth Trzepakowski, MD

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ARE YOU DOING YOUR PART TO HELP REDUCE THE FEDERAL DEFICIT?

The numbers are astonishing! A Federal Deficit of 14 TRILLION dollars and a 47 BILLION dollar Department of Defense (DoD) Healthcare Budget last year! You can argue the numbers but you will eventually come up with the conclusion that we are spending more than we should. So, what are YOU going to do about it? Or more importantly, what can you do about it?

The healthcare benefits we receive as an Active Duty service member, a Family Member or a Retiree are awesome. Some would argue that the current benefit is not sustainable. I will let the really smart folks figure out how to balance the budget and reduce healthcare cost, but I will offer you two easy ways you can help control your part of these soaring expenditures.

1. Reduce Emergency Room (ER) visits – Please, if you are having a true emergency, call 911 or proceed to the nearest ER. It's simple, ERs are for Emergencies. Unfortunately, most visits to ERs in the US are not truly emergencies. Most large ERs have "fast tracks" or Urgent Care Clinics attached to them. There are folks who use emergency rooms for their convenience or are unaware of their options for care. If you have a condition that needs treatment and cannot wait until the clinic is open (examples are ear infections or sprained ankles) you should visit an Urgent Care Clinic. Under the rules of TRICARE, you must obtain a referral from your PCM prior to seeking treatment. This referral can be obtained by calling the clinic during the duty day (717) 245-3400, or the On-Call Provider after hours at (717) 245-4047. The beauty of calling the after-hours provider is that they will be able to better advise you on your need to go to an ER, an Urgent Care Clinic, or waiting until the clinic opens. The cost for an ER visit is about 6 times that of an Urgent Care visit for the same diagnosis.

2. Reduce Prescription cost – Our second largest line on our budget (behind personnel cost) at Dunham is our Pharmacy and this is the way DoD wants to keep it. Getting your prescriptions filled at our pharmacy is a good way to keep healthcare cost down. If you don't want to make the drive ... there are other options. TRICARE offers a home delivery option



Commander's Note (CON'T)

for their beneficiaries. This is a great cost savings option that delivers your prescriptions and refills right to your home. There is a small co-pay based on the type of medication (generic - \$3, brand name - \$9 and non-formulary - \$22, all for a 90 day supply).

Using a retail network pharmacy is your next best option (the co-pays are the same but you only receive a 30 day supply) and finally, using a non-network pharmacy is the most expensive option. So, in order to save money, please use our pharmacy or the home delivery option to cut your cost and the cost to our healthcare system. Information on the home delivery benefit can be obtained by calling 1-877-363-1303 or online at www.express-scripts.com/TRICARE.

These are two very simple ways that you can do your part to help control our soaring healthcare costs. If you have any questions, please feel free to contact our Health Benefits Advisors at 717-245-4112 to discuss your TRICARE benefits.

"Service to the Finest"

Dr. T.

NEW YEAR'S WEIGHT LOSS RESOLUTION

By: Alice Solaya (HEDIS)



With the Holiday season over, and New Year's resolutions made, it is important that you ask your provider if you are healthy enough to start any new exercise or diet program. Your provider can also refer you to a dietician who can provide dietary counseling as needed. In addition to counseling, the post Fitness Center has free weights, an indoor track, cardio equipment, saunas, and FREE group classes, (Zumba, Spinning, Yoga, and Pilates), that are held at a variety of time frames. You can check out what the Fitness Center has to offer by going to <http://carlisle.mwr.com/rec-a-fitness/fitness.html>. You can make an appointment with your provider by calling 717-245-3400. So let's get out those work-out clothes and make some better food and drink choices in order to improve your overall wellness.



Tiny Teeth Have a Big Future

FEBRUARY is National Children's Dental Health Month

By: Cathy Byrnes, RDH, BSDH



Dental decay is the most common childhood chronic disease according to the Centers for Disease Control. Cavities affect half of children by middle childhood and nearly 70% by late adolescence.

Your child's baby teeth are important. Children need strong, healthy teeth to chew their food, speak and have a good-looking smile. Baby teeth also keep a space in the jaw for the adult teeth. If a baby tooth is lost too early, the teeth beside it may drift into the empty space. When it's time for the adult teeth to come in, there may not be enough room. This can make the teeth crooked or crowded. Starting infants off with good oral care can help protect their teeth for decades to come.

The good news is that decay is almost always preventable and is on the decline. The cavity rate for youngsters ages 5-17 has decreased 67% compared to 35 years ago! This is a huge success story in modern preventative dentistry and the use of fluoride. The American Dental Association states that fluoride is "the single most effective public health measure we have to prevent tooth decay and improve oral health for a lifetime."

Cavity prevention is not the only concern parents should have when considering their children's oral health. Recent studies show that periodontal disease continues to plague millions of Americans, including children. Gingivitis is the early form of mild gum disease, which when it becomes chronic leads to periodontal disease.

Decay and gum disease are bacterial diseases caused by plaque. Cavity-causing germs love to feed on all sugars and cooked starches. The longer carbohydrates are chewed and kept in contact with teeth, the greater the chance that bacteria will proliferate and produce decay-causing acids. Beverage choices are vitally important in decay prevention also, as many drinks contain high amounts of sugar, especially fruit juices and sports drinks.

Tooth decay in infants and toddlers is often referred to as "baby bottle syndrome." It can occur from putting a child to bed with a bottle. This problem is most acutely observed in small children who are bottle-fed fruit juice or milk between regular feedings. To avoid this heartbreaking condition, bottle-fed children should be given only plain water as a beverage between meals.

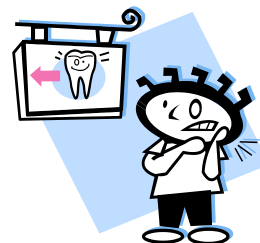
The best way to ensure that your child does not get cavities or gingivitis is to instill proper oral habits early. Good oral hygiene routines should be established as early as infancy and continued throughout life. Children mimic parental behavior; be the best role model for your child. This includes nutritional habits as well as brushing and flossing behaviors.

Parents should clean infants' gums with a damp washcloth after each feeding to remove plaque and food residue and to get the child used to the sensation of having their mouth cleaned. This desensitization makes the move to a toothbrush an easy transition. When the baby's teeth begin to erupt, brush

Tiny Teeth Have a Big Future (CON'T)

them gently with a small, soft-bristled toothbrush using a pea-sized amount of fluoridated toothpaste. A small amount of fluoridated toothpaste will help to inhibit decay. Fluoride is also found in mouth rinses, community water supplies, and in some foods. The water on Carlisle Barracks and in Carlisle is fluoridated. At age two or three, you can begin to teach your child proper brushing techniques. But remember, you will need to follow up with brushing and gentle flossing until age seven or eight, when the child has the dexterity to do it alone. Regularly scheduled oral health appointments should start around your child's first birthday. Your oral health professional will check for cavities in the primary teeth and watch for developmental problems, as well as help to create a positive experience that may alleviate fear at future visits.

Allow and encourage your child to discuss any fears he or she might have about oral health visits, but do not mention the words 'hurt' or 'pain'. Saying "it won't hurt" instills the possibility of pain in the child's thought process. There are a number of fun books about dental visits at the local library, I encourage parents to explore the shelves to find a child centered story to help alleviate uncertainty or fear the child may have about a dental office visit.



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Lexi-Comp Online. <http://online.lexi.com>, Fact Sheet: Taking a Bite Out of Tooth Decay, viewed Nov. 29, 2010
American Dental Hygienists Association, www.adha.org/oralhealth/children.htm, Fact Sheet: Child Oral Health, viewed Nov. 29, 2010

What To Do In Case of Emergency or When Clinic is Closed

If you have an emergency, a “sudden illness or injury that if not treated immediately could result in death, long-term impairment or serious jeopardy to your health”, **call 911 or go to an Emergency Room!** You do not need to call your PCM before receiving emergency care. In all emergency situations where you go to an ER, it is strongly recommended that once you are medically stable, to notify your PCM as soon as possible to coordinate on-going care.



For minor illnesses or injuries after Dunham is closed, you can call (717)245-4047 to speak with the on-call PCM—Primary Care Manager. The on-call PCM can help you decide if you should go to an Urgent Care Clinic (UCC) or wait until Dunham reopens to see a healthcare provider. If you decide to go to a UCC, be sure the on-call PCM knows so a referral for that visit can be entered into your electronic Health Record. Health Net Federal Services, our TRICARE partner, has developed relationships with several local Urgent Care Clinics. If you would like a list of the available UCC's, visit our website at <http://dunham.narmc.amedd.army.mil>.

What is Primary Care and Who is my Primary Care Provider?

*By: Linda Armitage BSN, MPH
Clinical Workflow Analyst*

To understand the role of your Primary Care Provider, it is important that you understand what "Primary Care" means. When you hear people say, "I need to see my personal doctor," or "My children's pediatrician said they need to exercise more," do you know what kind of doctor they are talking about? A primary care doctor! Unlike the days of old, if your family doctor couldn't address your health care issue, he/she sent you to the hospital. Today, health care has become overwhelmingly complex and costly. There are specialists for almost every body part and a multitude of different treatment centers available. The internet has made health information available at your finger tips, so as a patient, your expectations of what you need are often very high. One Provider cannot possibly coordinate and manage all of your health care needs in a 20 or 30 minute visit. To provide the best quality of care now requires a team effort; which is where the Patient Centered Medical Home program plays its part. This program utilizes a team approach - everyone from the appointments clerk, pharmacy, nursing and referral management gets involved when you schedule an appointment at Dunham. The goal is to not only treat your immediate health care issue, but to ensure that you obtain any preventive screenings to stay healthy. We coordinate your care so that your visit is streamlined and comprehensive. We manage all the resources you need to get well and monitor your results. You are a part of this team and bridge the gap by setting realistic goals to get well and stay healthy.



Primary care is your entry into the health care system and the Medical "Home" for ongoing, personalized care. Some people think that Primary Care Providers only handle simple things: making sure kids get their vaccinations, treating sore throats and bladder infections, and doing school and annual physicals. The truth is quite different. Primary Care Providers need a vast amount of medical knowledge because they care for patients with hundreds of different problems including high blood pressure, elevated cholesterol, liver disease, back pain, memory loss, developmental and behavioral problems, depression, heart disease, asthma, obesity, and more.

When you enroll in Tricare, you are assigned to a Primary Care Provider, which can be a Family Practice Physician, a Physician Assistant (PA) or a Nurse Practitioner (NP). You are also assigned to a Medical Home team. There are two teams at Dunham, the "Grey Team" and the



"Blue Team." Your Provider is the constant, reliable source on your team that not only treats your immediate health care issues, but monitors preventive health care screenings to keep you healthy. Unlike a specialist Provider, your Medical Home team will be with you throughout your life continuum.

Our Primary Care Providers coordinate the care of Service members throughout the military health care system. Your Providers here at Dunham understand the Standards of Medical Fitness and

What is Primary Care and Who is my Primary Care Provider? (CON'T)

perform all Periodic Health Exams required not only by the Army, but all branches of the military (Navy, Air Force, Marines, etc). They specialize in identifying and treating health issues unique to the military such as deployment-related injuries: post traumatic illness, behavioral health concerns or toxic exposures to chemicals and noise. Your Primary Care Provider understands the physical requirements needed to attain medical readiness for your mission as a Service member as well as the psychological toll and physical demands of serving. Your Primary Care Provider is a trusted source of information, helping you obtain the health care services you may need during periods of transition in your career. Many of our Providers here at Dunham have served on Active Duty, so they truly understand what you are going through. Your Primary Care Medical Home team at Dunham looks forward to providing an on-going satisfying experience for all your health care needs.

Are “Post Holiday Blues” For Real?

*Ginger Wilson-Gines, ACSW, LCSW
Chief, Behavioral Health*

Most people have expectations of experiencing joy and happiness through the holiday season. Some people experience a time, following the holidays, of post holiday blues or even a more severe depression. Are these people actually experiencing a real depression or simply a post holiday let down?



As with most things, attitude can make all the difference. Self-fulfilling prophecy is a real event. If you expect a down period after the holidays, you will find it. How many of us set the mood by talking about a long period with no more celebrations, expecting moods to darken as the days continue to be short, and we are forced inside due to cold, snowy weather? We anticipate and dread facing credit card bills, increased weight gains and tax time approaching.

Some post holiday blues are normal for most everyone. Some of the reasons include setting unrealistic expectations, experiencing loneliness after relatives have left and dealing with family tensions that occurred through the holiday “togetherness.” But some people do experience a real depression that is impacted by the significant change from their holiday schedules. There is also a type of depression associated with exposure to less light known as Seasonal Affective Disorder or SAD. So how do you know if your feelings are serious enough to seek medical care?

If you find that you are unable to chase the feelings of sadness and loss away, it may be time to visit your primary care doctor. If you have any feelings of hopelessness or self harm, definitely seek professional help. Certainly pre-existing clinical depression, even if being successfully treated, can worsen due to significant changes.

Talk to your doctor or a therapist about your symptoms and come up with a plan. There are several treatments proven to be quite effective including light therapy, talk therapy, and medication. Some life style changes that may help to beat the blues are to pick up a new hobby, get involved in a volunteer project, begin a new fun form of exercise or enjoy the good memories of your holidays by organizing all those photos and videos. Fending off symptoms of depression in the winter, and especially after the holidays, begins by being realistic and figuring out what’s really going on and what works for you. For more information or to access professional clinical services, contact Behavioral Health at 245-4602.



Army Safety Gram *Working in Cold Weather* *Published by 8th Army (Field Army) Command*



For many people, working or playing in cold weather can be a positive experience. You may feel invigorated by the bracing air and feel like doing your work with more physical energy than usual. When it comes to leisure, cold weather offers many enjoyable activities whether it's skiing, skating, snowmobiling or ice fishing. Unfortunately, all the enjoyable aspects of working or playing out in cold weather can turn negative if you are not dressed warmly or dryly enough. Over exposure to cold and dampness can cause your body temperature to lower. This condition is called hypothermia. You may have it when you start to shiver and experience chills, or find yourself unable to think or speak clearly. You may lose your coordination and quite possibly your consciousness.

You could also get frostbite which is when your body tissue freezes. Frostbite happens most frequently to your extremities like your feet and toes, fingers, face and nose. Symptoms include numbness and a white and waxy appearance to your skin.

There are many things you can do to dress properly for the cold:

- * Dress in layers so you can remove or put on clothing according to the temperature.
- * Remove or open extra layers during heavy exertion to avoid sweating.
- * Replace the layers once exertion ceases to retain body warmth.
- * Always wear a warm hat on your head—this is the part of the body that loses heat the fastest. There are also liners you can wear to keep your head warm under a hard hat or other kinds of protective head gear. Consider wearing a knitted face mask to deflect cold and wind chill.
- * Wear waterproof, insulated boots with several layers of socks, preferably cotton ones under wool. They enable your feet to breathe. When your socks or boot liners become wet, remove and replace them.
- * Always wear warm gloves or mitts. Some gloves have liners which, if wet, should be removed and replaced.

In addition to dressing properly for cold conditions, it's important to eat regularly when you are out in the cold, especially foods high in carbohydrates and fats. Your body requires an enormous number of calories to shiver and keep warm. Avoid alcohol, contrary to the popular image of the St. Bernard dog delivering brandy to warm a frozen victim.

Try to keep moving while in the cold; don't be still. This helps to keep your body temperature up and circulation moving. If you think you are experiencing symptoms of hypothermia or frostbite, get to a shelter right away and seek medical help. When you work or play in the cold, it is a good idea to have a companion. What if you were to become injured or over-exposed to the cold and couldn't seek help yourself? Remember: working or playing in cold weather can be a positive experience if you dress warmly and use common sense about protecting yourself.



MARCH IS COLORECTAL CANCER AWARENESS MONTH!

By: Karen Collins, RN, Nursing Supervisor / Alice Solaya, HEDIS Coordinator

Colorectal Cancer is the second most common cancer killer overall and third most common cause of cancer-related death in the United States in both males and females. Most of these cancers originate from wart-like growths called polyps in the rectum or large intestine (colon). Not all polyps have the potential to transform into cancer. Those that do have the potential are called adenomas. It takes more than 10 years in most cases for an adenoma to develop into cancer. Some people with colorectal cancer do have symptoms, but it can also start with no symptoms. Advanced disease may show symptoms such as blood in or on the stool, change in bowel habits or ribbon-like stools, feeling that the bowel does not empty completely, stomach discomfort (bloating, fullness, or cramps), constant fatigue, or unexplained weight loss.

PREVENTION: Colon cancer is preventable! The most important thing to remember is to obtain regular screening tests which can find polyps and remove them before they turn into cancer. They can also detect a cancer early, when there is a greater chance of being cured. Other preventative measures include:

- * being physically active and exercise regularly
- * maintain a healthy weight
- * eat a high-fiber diet rich in fruits, vegetables, nuts, beans and whole grains
- * consume calcium-rich foods
- * limit red meat consumption and avoid processed meats
- * don't smoke
- * don't drink alcohol excessively

Regular screening is recommended beginning at age 50. However, anyone with a personal history of polyps or inflammatory bowel syndrome/colitis, or a family history of colorectal cancer (including familial adenomatous polyposis and hereditary nonpolyposis colon cancer—Lynch syndrome), is at a greater risk and may need earlier or more frequent screening.

Tests that examine the colon and rectum are used to detect (find) and diagnose colon cancer. These tests/procedures include the following and can be used alone or in combination with others:

Fecal Occult Blood Test—A tiny piece of stool is placed on a special card which is mailed or taken to the lab. This test needs to be repeated annually.

Sigmoidoscopy—The doctor will place a thin, flexible, lighted instrument inside the rectum and can examine the lower third of the colon. A prep must occur to cleanse the bowel and the test must be repeated every 3-5 years.

Colonoscopy—Similar to the sigmoidoscopy, except a longer, lighted tube is used and the entire colon can be inspected. This requires more extensive preparation, and sedation is provided for comfort. It may require a day lost from work and usually driving will be prohibited for a period of time. The test usually only needs to be repeated every 10 years.

According to the Colon Cancer Alliance, “the colonoscopy is the most complete screening method available.”



Influenza Guidelines



If you have a Flu-Like Illness Including:

Fever higher than 100.5°F (37.8°C) AND Cough OR Sore Throat

STAY HOME and recover, unless you have the following **Warning Signs;**

Then Please Contact Your PCM:

It is recommended that children under the age of 2 be seen by their PCM-please call for an appt.

In Children \geq 2 yrs old and having any of the following present:

- Fast breathing or trouble breathing
- Bluish skin color (for fair tones) and grayish skin color (for darker tones)
- Severe or persistent vomiting/diarrhea
- Not drinking enough fluids/or able to keep fluids down
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough
- Fever with a rash

In Adults:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness or confusion
- Severe or persistent vomiting/diarrhea
- Not drinking enough fluids/or able to keep fluids down

Dunham beneficiaries visit www.tricareonline.com or call 717-245-3400 for an appointment.

Precautions Include:

- Wash your hands often, especially after coughing, sneezing, and wiping or blowing the nose.
- Cover your mouth when coughing or sneezing, preferably not with your hand.
- Use paper tissues when wiping or blowing your nose; throw tissues away after use.
- Stay away from crowded living and sleeping spaces, if possible.
- Stay home and avoid contact with other people to protect them from catching your illness.

Centers for Disease Control and Prevention (CDC)

TEL: 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348 24 Hours/Every Day

Email: cdcinfo@cdc.gov

Website: <http://www.cdc.gov/swineflu/>

Carlisle Barracks Online Banner for local updates: <http://www.carlisle.army.mil/banner/>

HEALTH PROMOTIONS—Free Classes Offered

By: Dunham Nursing

The Dunham US Army Health Clinic sponsored Health Promotion Classes are for eligible beneficiaries including Active Duty, Retirees and DOD civilian employees.

Tobacco Cessation—Designed to empower all those who desire to break their addiction to tobacco products — **For Life!**



Classes will be held on Wednesdays 1500-1600 on the following dates:

February 9, 2011

March 9, 2011

April 13, 2011

This class is offered in one session that is designed to empower all who desire to break their addiction to tobacco products—FOR LIFE!! Participants set their stop smoking date during the session. Those wishing to use the Nicotine Patches to help in their cessation must obtain a prescription from their primary care provider. The Tobacco Cessation facilitator will advise the participant when to begin use of the Nicotine Patches.* Individuals interested in using Zyban or Chantix (a prescription medication frequently prescribed to help stop using tobacco products) must also see their health care provider for a prescription before taking the class.

* DOD civilians must purchase their own patches and medications.



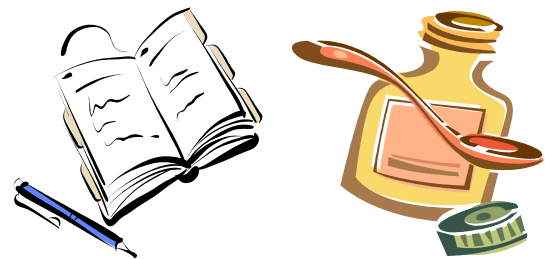
Self Care Class —this briefing will address health topics, lifestyle changes and prevention services. The class will provide recommendations for proper use of over the counter medications and conclude with the issuing of a FREE Over The Counter Medical Card for use at Dunham Clinic and the “HEALTHWISE” Handbook.

Classes will be held Tuesdays, 1430-1600 on the following dates:

February 8, 2011

March 8, 2011

April 12, 2011



**FOR REGISTRATION TO
SMOKING OR SELF CARE
CLASSES—Call 717-245-3630 to
register**

Winter Weather Policy



During winter weather conditions, please call the **POST OPERATIONS LINE** at **(717) 245-3700** for updates regarding base/clinic delays and closures before departing your home for an appointment. If travel becomes unsafe for patients and employees, medical appointments may be affected.



When the Post is closed due to winter weather conditions, the Clinic will be closed as well.



Winter Word Search

I	W	I	N	D	C	H	I	L	L	B	N	T	H	E
N	E	O	R	T	H	E	C	R	N	L	H	E	M	I
S	P	T	H	E	R	E	E	W	I	I	N	T	E	R
S	S	T	A	O	L	S	T	I	C	Z	E	O	F	C
N	H	O	C	K	E	Y	G	N	I	Z	E	E	R	F
O	C	B	U	R	S	S	D	E	C	A	B	E	O	M
W	B	B	E	R	C	T	W	E	N	R	D	T	S	Y
M	R	O	T	S	W	O	N	S	U	D	R	K	T	F
A	I	G	R	S	H	T	L	A	O	R	I	T	W	E
N	N	A	T	Y	C	S	R	D	E	I	F	C	O	S
J	A	N	U	A	R	Y	N	D	N	H	T	I	H	T
I	S	T	H	E	A	D	A	G	Y	W	S	O	I	T
H	T	R	E	B	M	E	C	E	D	H	V	U	E	L
E	A	S	T	A	M	O	U	N	T	E	O	F	L	D
A	Y	L	I	G	I	C	I	C	L	E	S	H	T	S

BLIZZARD
COLD
DECEMBER
DRIFTS
FEBRUARY

FREEZING
FROST
HOCKEY
ICE
ICICLES

JANUARY
MARCH
SHOVEL
SKATE
SKIING

SLUSH
SNOWMAN
SNOWSTORM
TOBBOGAN
WIND CHILL

**DUNHAM CLINIC CLOSURES FOR 2011****January 2011**

3—Training Holiday
17—Martin Luther King, Jr. Day Holiday

February 2011

21—President's Day Holiday

March 2011**April 2011****May 2011**

30—Memorial Day Holiday

We hope you found this newsletter to be helpful and encourage you to provide feedback on our performance to our Patient Representative at (717) 245-3911 or send us an email at dunham.clinic@us.army.mil

TriCare Phone Inquiries
1-877-874-2273

Health Benefits Advisor
717-245-4112

Appointment Line
717-245-3400
www.tricareonline.com

Patient Affairs
717-245-3911

PLEASE NOTE

All holiday hours are subject to change. Please check the Dunham web site for changes to the holiday calendar and/or hours of operation. Changes will also be posted in the waiting area of the main clinic at Carlisle Barracks.

REMINDER

The clinic closes at 1200 every Thursday afternoon to complete mandatory training and administrative requirements. This dedicated weekly closure time optimizes our ability to care for our patients. We appreciate your understanding and patience.

DUNHAM U.S. ARMY HEALTH CLINIC

450 Gibner Road
Suite 1

Carlisle, PA 17013
Phone: 717-245-3400
Fax: 717-245-3880

GOT COMMENTS?
dunham.clinic@us.army.mil

NEW WEB SITE ADDRESS:
<http://dunham.narmc.amedd.army.mil>